## FEC FORM 3

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## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE SECRETARY OF THE SENATE SECRETARY OF THE SECONDS

14 JAN 31 PM 5: 21

	<u></u>			Office	e Use Only
1. NAMI COM	E OF MITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
, Al Franken for Senate 2014					
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		I P.O. Box 583144		,	
ADDRESS	(number and street)				
	Check if different				
l∟l t	han previously reported. (ACC)	Minneapolis		MN 55458	
2. <b>FEÇ</b>	IDENTIFICATION N	IUMBER ▼	CITY	STATE A	ZIP CODE
	C00490394		S THIS 🙀 NEW	(C) 4454555	STATE ▼ DISTRICT
	C00480384		S THIS NEW (N) OR	AMENDED (A)	MN 00
4. TYPI	E OF REPORT (CI	hoose One)			
	Quarterly Reports:	(b) 12	2-Day PRE-Election Report for th	e:	
الم			Primary (12P)	General (12G)	Runoff (12R)
	April 15 Quarterly	Report (Q1)	<b></b>	<u></u>	Comp.
	July 15 Quarterly	Report (Q2)	Convention (12C)	Special (12S)	
	October 15 Quarte		м м / р р	/ <del>४०४४४</del> ४	in the
	P.		lection on	<u> </u>	State of
$\times$	January 31 Year-E	nd Report (YE) (c) 30	D-Day POST-Election Report for	the:	
CHINC		,	General (30G)	Runoff (30R)	Special (30S)
	Termination Report	t (TER)	M M / D D	\ \ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	in the
		EI	lection on		State of
5. Cover	ing Period	M / D D / Y Y Y Z 201	through	2 31	2013
l certify tha	at I have examined th	nis Report and to the best	t of my knowledge and belief it i	s true, correct and com	plete.
Type or Print Name of Treasurer Thomas Borman					
Signature o	of Treasurer Tho	mas Borman how	WH.B.	Date 01	31 / 2014
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.					
C	Office				
	Use Only				EC FORM 3 Revised 02/2003)